

City of Scranton

Entry Level Police Application

NAME:

LAST

FIRST

MIDDLE

ADDRESS:

STREET ADDRESS

CITY

COUNTY

STATE

ZIP CODE

READ THESE INSTRUCTIONS CAREFULLY PRIOR TO COMPLETING THIS APPLICATION

INSTRUCTIONS: Read each question carefully and answer each question, leaving NO blank spaces. If a question does not apply to you, enter "Not Applicable." The candidate shall personally prepare this application using black or blue permanent ink. All entries, except the signature, must be printed legibly. If space available for answering any question is insufficient, use one of the continuation pages located in the rear of this booklet and precede each answer with the section to which it pertains.

PERSONAL DATA

LAST NAME	FIRST NAME

MIDDLE NAME	SUFFIX

ALIASES-MAIDEN NAME, NICKNAME, STEP-PARENTS NAME OR ANY OTHER NAME YOU MAY HAVE USED

STREET ADDRESS

--

CITY	COUNTY

STATE	ZIP CODE PLUS FOUR, IF KNOWN

DATE OF BIRTH			PLACE OF BIRTH	
MONTH	DAY	YEAR	CITY	STATE

HOME TELEPHONE		WORK TELEPHONE NUMBER		
AREA CODE		NUMBER	AREA CODE	NUMBER

CITIZENSHIP

ARE YOU A CITIZEN OF THE UNITED STATES? YES ☐ NO ☐

IF NO, PROVIDE ALIEN REGISTRATION NUMBER AND WHERE ISSUED:

SOCIAL STATUS

SINGLE : ☐ MARRIED: ☐ SEPARATED: ☐ DIVORCED: ☐

OTHER (EXPLAIN) ☐ _____

LIST ALL LIVING MEMBERS OF YOUR IMMEDIATE FAMILY, I.E., SPOUSE, CHILDREN, MOTHER, FATHER, BROTHERS, SISTERS, MOTHER-IN-LAW, FATHER-IN-LAW, AND ANY OTHER PERSON WHO RESIDES WITHIN YOUR HOUSEHOLD.

RELATIONSHIP	NAME	SOCIAL SEC. NUMBER	DATE OF BIRTH
COMPLETE HOME ADDRESS		HOME TELEPHONE NUMBER (AREA CODE)	
EMPLOYER		WORK TELEPHONE NUMBER (AREA CODE)	

RELATIONSHIP	NAME	SOCIAL SEC. NUMBER	DATE OF BIRTH
COMPLETE HOME ADDRESS		HOME TELEPHONE NUMBER (AREA CODE)	
EMPLOYER		WORK TELEPHONE NUMBER (AREA CODE)	

RELATIONSHIP	NAME	SOCIAL SEC. NUMBER	DATE OF BIRTH
COMPLETE HOME ADDRESS		HOME TELEPHONE NUMBER (AREA CODE)	
EMPLOYER		WORK TELEPHONE NUMBER (AREA CODE)	

RELATIONSHIP	NAME	SOCIAL SEC. NUMBER	DATE OF BIRTH
COMPLETE HOME ADDRESS		HOME TELEPHONE NUMBER (AREA CODE)	
EMPLOYER		WORK TELEPHONE NUMBER (AREA CODE)	

RELATIONSHIP	NAME	SOCIAL SEC. NUMBER	DATE OF BIRTH
COMPLETE HOME ADDRESS		HOME TELEPHONE NUMBER (AREA CODE)	
EMPLOYER		WORK TELEPHONE NUMBER (AREA CODE)	

RELATIONSHIP	NAME	SOCIAL SEC. NUMBER	DATE OF BIRTH
COMPLETE HOME ADDRESS		HOME TELEPHONE NUMBER (AREA CODE)	
EMPLOYER		WORK TELEPHONE NUMBER (AREA CODE)	

RELATIONSHIP	NAME	SOCIAL SEC. NUMBER	DATE OF BIRTH
COMPLETE HOME ADDRESS		HOME TELEPHONE NUMBER (AREA CODE)	
EMPLOYER		WORK TELEPHONE NUMBER (AREA CODE)	

RELATIONSHIP	NAME	SOCIAL SEC. NUMBER	DATE OF BIRTH
COMPLETE HOME ADDRESS		HOME TELEPHONE NUMBER (AREA CODE)	
EMPLOYER		WORK TELEPHONE NUMBER (AREA CODE)	

RELATIONSHIP	NAME	SOCIAL SEC. NUMBER	DATE OF BIRTH
COMPLETE HOME ADDRESS		HOME TELEPHONE NUMBER (AREA CODE)	
EMPLOYER		WORK TELEPHONE NUMBER (AREA CODE)	

RELATIONSHIP	NAME	SOCIAL SEC. NUMBER	DATE OF BIRTH
COMPLETE HOME ADDRESS		HOME TELEPHONE NUMBER (AREA CODE)	
EMPLOYER		WORK TELEPHONE NUMBER (AREA CODE)	

RELATIONSHIP	NAME	SOCIAL SEC. NUMBER	DATE OF BIRTH
COMPLETE HOME ADDRESS		HOME TELEPHONE NUMBER (AREA CODE)	
EMPLOYER		WORK TELEPHONE NUMBER (AREA CODE)	

RELATIONSHIP	NAME	SOCIAL SEC. NUMBER	DATE OF BIRTH
COMPLETE HOME ADDRESS		HOME TELEPHONE NUMBER (AREA CODE)	
EMPLOYER		WORK TELEPHONE NUMBER (AREA CODE)	

PROVIDE THE INFORMATION BELOW FOR ANY PREVIOUS SPOUSE(S), FIANCE/CO-HABITANT
OR CURRENT GIRL/BOYFRIEND.

FORMER SPOUSE: FIANCE/CO-HABITANT: CURRENT BOY/GIRLFRIEND: NONE:

Name: _____ Date of Birth: _____

Social Security #: _____ Length of Relationship: _____

Home Address: _____ Telephone Number (Area Code) _____

Name of Employer and Address: _____

Work Telephone Number (Area Code) _____

FORMER SPOUSE: FIANCE/CO-HABITANT: CURRENT BOY/GIRLFRIEND: NONE:

Name: _____ Date of Birth: _____

Social Security #: _____ Length of Relationship: _____

Home Address: _____ Telephone Number (Area Code) _____

Name of Employer and Address: _____

Work Telephone Number (Area Code) _____

FORMER SPOUSE: FIANCE/CO-HABITANT: CURRENT BOY/GIRLFRIEND: NONE:

Name: _____ Date of Birth: _____

Social Security #: _____ Length of Relationship: _____

Home Address: _____ Telephone Number (Area Code) _____

Name of Employer and Address: _____

Work Telephone Number (Area Code) _____

FORMER SPOUSE:

FIANCE/CO-HABITANT:

CURRENT BOY/GIRLFRIEND:

NONE:

Name:

Date of Birth:

Social Security #:

Length of Relationship:

Home Address:

Telephone Number (Area Code)

Name of Employer and Address:

Work Telephone Number (Area Code)

ARE YOU REQUIRED TO PAY CHILD SUPPORT?

YES:

NO:

IF YES, PLEASE EXPLAIN:

HAVE YOU EVER BEEN INVOLVED AS A PLAINTIFF OR DEFENDANT IN A PATERNITY PROCEEDING?

YES:

NO:

IF YES, PLEASE EXPLAIN:

EDUCATION

HIGH SCHOOL- LIST ALL HIGH SCHOOLS ATTENDED AND PROVIDE THE REQUIRED INFORMATION.

DIPLOMA RECEIVED? YES ☐ NO ☐

IF NO, DO YOU POSSESS A GED CERTIFICATE? YES ☐ NO ☐

NAME OF HIGH SCHOOL	COMPLETE ADDRESS	DATES ATTENDED

LIST THREE INSTRUCTORS WHO TAUGHT YOU IN CLASS.

NAME OF INSTRUCTOR	SCHOOL	SUBJECT

HIGHER EDUCATION- LIST ALL INSTITUTIONS OF HIGHER EDUCATION AND PROVIDE THE REQUIRED INFORMATION.

CREDIT HOURS: _____ GRADE POINT AVERAGE(CUMULATIVE): _____

DEGREE RECEIVED? YES ☐ NO ☐

MAJOR COURSE OF STUDY: _____

MINOR COURSE OF STUDY: _____

NAME OF INSTITUTION	COMPLETE ADDRESS	DATES ATTENDED

LIST THREE INSTRUCTORS WHO TAUGHT YOU IN CLASS.

Name of instructor	Institution	Subject

**LIST ANY PROBLEMS WITH SCHOOL (HIGH SCHOOL AND COLLEGE), I.E. ABSENTEEISM
TARDINESS, POOR GRADES, OTHER DISCIPLINARY ACTIONS. LIST YEAR AND
CIRCUMSTANCES.**

NONE ☐

ARE YOU RESPONSIBLE FOR THE REPAYMENT OF STUDENT LOANS?

YES ☐ NO ☐

IF YES, ARE PAYMENTS BEING MADE TIMELY? YES ☐ NO ☐

IF NO, EXPLAIN:

SELECTIVE SERVICE

ENTER YOUR SELECTIVE SERVICE NUMBER AND THE DATE OF REGISTRATION IN THE SPACE PROVIDED. IF YOU HAVE NOT REGISTERED, OR ARE A FEMALE, PLEASE CHECK "NONE".

SELECTIVE SERVICE NUMBER	DATE OF REGISTRATION

NONE ☐

IF YOU DO NOT KNOW YOUR SELECTIVE SERVICE NUMBER, YOU MAY CONTACT THE SELECTIVE SERVICE SYSTEM AT (847) 688-2576 TO RECEIVE THE INFORMATION.

MILITARY SERVICE

HAVE YOU EVER SERVED IN AN ACTIVE MILITARY ORGANIZATION OF THE UNITED STATES?

YES ☐ NO ☐

HAVE YOU EVER SERVED IN AN ACTIVE MILITARY ORGANIZATION OF ANY FOREIGN GOVERNMENT?

YES ☐ NO ☐

IF YOU INDICATED YES TO EITHER OF THE ABOVE QUESTIONS, COMPLETE THE FOLLOWING:

BRANCH OF SERVICE	DATE ENTERED	DATE SEPARATED
SERVICE NUMBER	HIGHEST RANK ATTENDED	TYPE DISCHARGE

MILITARY SPECIALTY /CLASSIFICATION (LIST ALL):

DID YOU RECEIVE A FINAL DISCHARGE CERTIFICATE? YES ☐ NO ☐

WERE YOU EVER THE SUBJECT OF NONJUDICIAL PUNISHMENT?

YES

☐

NO

☐

IF YES, EXPLAIN:

WERE YOU EVER COURT MARTIALED?

YES

☐

NO

☐

IF YES, EXPLAIN:

ARE YOU NOW OR WERE YOU EVER AN ACTIVE OR INACTIVE MEMBER OF THE RESERVE FORCES (ANY BRANCH) OF THE UNITED STATES, ANY FOREIGN GOVERNMENT, OR THE NATIONAL GUARD OF ANY STATE?

YES

☐

NO

☐

IF YES, COMPLETE THE FOLLOWING:

BRANCH	REGIMENT	UNIT
RANK	DATE FROM	DATE TO
SUPERVISING OFFICER'S NAME		UNIT TELEPHONE NUMBER
COMPLETE ADDRESS:		

EMPLOYMENT

CURRENT EMPLOYMENT

NAME OF EMPLOYER	SUPERVISOR'S NAME
ADDRESS OF EMPLOYER	SUPERVISOR'S TELEPHONE NUMBER
YOUR CLASSIFICATION/OCCUPATION	DATE OF HIRE

PREVIOUS EMPLOYMENT - LIST BELOW, IN CHRONOLOGICAL ORDER, EACH AND EVERY PLACE OF EMPLOYMENT, INCLUDING PART-TIME EMPLOYMENT. GIVE DATES OF IDLENESS BETWEEN PERIODS OF EMPLOYMENT IN PROPER SEQUENCE.

DATE FROM	NAME OF EMPLOYER		
DATE TO	COMPLETE ADDRESS OF EMPLOYER		
CLASSIFICATION/OCCUPATION	NAME OF IMMEDIATE SUPERVISOR	TELEPHONE NUMBER OF EMPLOYER	
REASON FOR LEAVING:			

DATE FROM	NAME OF EMPLOYER		
DATE TO	COMPLETE ADDRESS OF EMPLOYER		
CLASSIFICATION/OCCUPATION	NAME OF IMMEDIATE SUPERVISOR	TELEPHONE NUMBER OF EMPLOYER	
REASON FOR LEAVING:			

DATE FROM	NAME OF EMPLOYER	
DATE TO	COMPLETE ADDRESS OF EMPLOYER	
CLASSIFICATION/OCCUPATION	NAME OF IMMEDIATE SUPERVISOR	TELEPHONE NUMBER OF EMPLOYER
REASON FOR LEAVING:		

DATE FROM	NAME OF EMPLOYER	
DATE TO	COMPLETE ADDRESS OF EMPLOYER	
CLASSIFICATION/OCCUPATION	NAME OF IMMEDIATE SUPERVISOR	TELEPHONE NUMBER OF EMPLOYER
REASON FOR LEAVING:		

DATE FROM	NAME OF EMPLOYER	
DATE TO	COMPLETE ADDRESS OF EMPLOYER	
CLASSIFICATION/OCCUPATION	NAME OF IMMEDIATE SUPERVISOR	TELEPHONE NUMBER OF EMPLOYER
REASON FOR LEAVING:		

DATE FROM	NAME OF EMPLOYER	
DATE TO	COMPLETE ADDRESS OF EMPLOYER	
CLASSIFICATION/OCCUPATION	NAME OF IMMEDIATE SUPERVISOR	TELEPHONE NUMBER OF EMPLOYER
REASON FOR LEAVING:		

DATE FROM	NAME OF EMPLOYER	
DATE TO	COMPLETE ADDRESS OF EMPLOYER	
CLASSIFICATION/OCCUPATION	NAME OF IMMEDIATE SUPERVISOR	TELEPHONE NUMBER OF EMPLOYER
REASON FOR LEAVING:		

DATE FROM	NAME OF EMPLOYER	
DATE TO	COMPLETE ADDRESS OF EMPLOYER	
CLASSIFICATION/OCCUPATION	NAME OF IMMEDIATE SUPERVISOR	TELEPHONE NUMBER OF EMPLOYER
REASON FOR LEAVING:		

DATE FROM	NAME OF EMPLOYER	
DATE TO	COMPLETE ADDRESS OF EMPLOYER	
CLASSIFICATION/OCCUPATION	NAME OF IMMEDIATE SUPERVISOR	TELEPHONE NUMBER OF EMPLOYER
REASON FOR LEAVING:		

DATE FROM	NAME OF EMPLOYER	
DATE TO	COMPLETE ADDRESS OF EMPLOYER	
CLASSIFICATION/OCCUPATION	NAME OF IMMEDIATE SUPERVISOR	TELEPHONE NUMBER OF EMPLOYER
REASON FOR LEAVING:		

DATE FROM	NAME OF EMPLOYER	
DATE TO	COMPLETE ADDRESS OF EMPLOYER	
CLASSIFICATION/OCCUPATION	NAME OF IMMEDIATE SUPERVISOR	TELEPHONE NUMBER OF EMPLOYER
REASON FOR LEAVING:		

DATE FROM	NAME OF EMPLOYER	
DATE TO	COMPLETE ADDRESS OF EMPLOYER	
CLASSIFICATION/OCCUPATION	NAME OF IMMEDIATE SUPERVISOR	TELEPHONE NUMBER OF EMPLOYER
REASON FOR LEAVING:		

DATE FROM	NAME OF EMPLOYER	
DATE TO	COMPLETE ADDRESS OF EMPLOYER	
CLASSIFICATION/OCCUPATION	NAME OF IMMEDIATE SUPERVISOR	TELEPHONE NUMBER OF EMPLOYER
REASON FOR LEAVING:		

DATE FROM	NAME OF EMPLOYER	
DATE TO	COMPLETE ADDRESS OF EMPLOYER	
CLASSIFICATION/OCCUPATION	NAME OF IMMEDIATE SUPERVISOR	TELEPHONE NUMBER OF EMPLOYER
REASON FOR LEAVING:		

DATE FROM	NAME OF EMPLOYER	
DATE TO	COMPLETE ADDRESS OF EMPLOYER	
CLASSIFICATION/OCCUPATION	NAME OF IMMEDIATE SUPERVISOR	TELEPHONE NUMBER OF EMPLOYER
REASON FOR LEAVING:		

DATE FROM	NAME OF EMPLOYER	
DATE TO	COMPLETE ADDRESS OF EMPLOYER	
CLASSIFICATION/OCCUPATION	NAME OF IMMEDIATE SUPERVISOR	TELEPHONE NUMBER OF EMPLOYER
REASON FOR LEAVING:		

DATE FROM	NAME OF EMPLOYER	
DATE TO	COMPLETE ADDRESS OF EMPLOYER	
CLASSIFICATION/OCCUPATION	NAME OF IMMEDIATE SUPERVISOR	TELEPHONE NUMBER OF EMPLOYER
REASON FOR LEAVING:		

DATE FROM	NAME OF EMPLOYER	
DATE TO	COMPLETE ADDRESS OF EMPLOYER	
CLASSIFICATION/OCCUPATION	NAME OF IMMEDIATE SUPERVISOR	TELEPHONE NUMBER OF EMPLOYER
REASON FOR LEAVING:		

WERE YOU EVER DISCHARGED OR ASKED TO RESIGN FROM EMPLOYMENT?

YES ☐ NO ☐

IF YES, EXPLAIN:

WERE YOU EVER SUBJECT TO ANY DISCIPLINARY ACTION DURING ANY EMPLOYMENT? YES ☐ NO ☐

IF YES, EXPLAIN:

HAVE YOU EVER RECEIVED UNEMPLOYMENT COMPENSATION OR OTHER FEDERAL, STATE OR LOCAL BENEFITS OF ASSISTANCE? YES ☐ NO ☐

IF YES, EXPLAIN:

HAVE YOU EVER APPLIED WITH ANY OTHER LAW ENFORCEMENT AGENCY? YES ☐ NO ☐

IF YES, PROVIDE THE FOLLOWING:

LAW ENFORCEMENT AGENCY	DATE OF APPLICATION	STATUS OF APPLICATION

REFERENCES - ASSOCIATES

PROVIDE THE REQUIRED INFORMATION FOR EIGHT REFERENCES (A PERSON TO WHOM INQUIRES AS TO CHARACTER OR ABILITY CAN BE MADE) AND THREE ASSOCIATES (FRIENDS) AS INDICATED. PLEASE NOTE YOU MUST HAVE KNOWS THESE INDIVIDUALS FOR AT LEAST 18 MONTHS.

REFERENCES:

NAME OF REFERENCE	TELEPHONE NUMBER	YEARS KNOWN
COMPLETE ADDRESS		

NAME OF REFERENCE	TELEPHONE NUMBER	YEARS KNOWN
COMPLETE ADDRESS		

NAME OF REFERENCE	TELEPHONE NUMBER	YEARS KNOWN
COMPLETE ADDRESS		

NAME OF REFERENCE	TELEPHONE NUMBER	YEARS KNOWN
COMPLETE ADDRESS		

NAME OF REFERENCE	TELEPHONE NUMBER	YEARS KNOWN
COMPLETE ADDRESS		

NAME OF REFERENCE	TELEPHONE NUMBER	YEARS KNOWN
COMPLETE ADDRESS		

NAME OF REFERENCE	TELEPHONE NUMBER	YEARS KNOWN
COMPLETE ADDRESS		

NAME OF REFERENCE	TELEPHONE NUMBER	YEARS KNOWN
COMPLETE ADDRESS		

ASSOCIATES:

NAME OF REFERENCE	TELEPHONE NUMBER	YEARS KNOWN
COMPLETE ADDRESS		

NAME OF REFERENCE	TELEPHONE NUMBER	YEARS KNOWN
COMPLETE ADDRESS		

NAME OF REFERENCE	TELEPHONE NUMBER	YEARS KNOWN
COMPLETE ADDRESS		

CRIMINAL/TRAFFIC

CRIMINAL SECTION INSTRUCTIONS: ALL VIOLATIONS ARE TO BE LISTED, REGARDLESS OF AGE, INCLUDING JUVENILE DELINQUENCY CHARGES, VIOLATIONS OF FISH AND GAME LAWS, VIOLATION OF THE DISORDERLY PERSONS ACT OR CITY ORDINANCE, AND ANY ARRESTS, INDICTMENTS OR CONVICTIONS FOR VIOLATION OF THE CRIMINAL LAWS. IF YOU WERE FOUND NOT GUILTY, THE CHARGE WAS DISMISSED, THE CASE WAS NOLLE PROSSED, OR YOU SUCCESSFULLY COMPLETED PROBATION OF ANY TYPE, YOU MUST STILL FURNISH INFORMATION RELATING TO EACH CHARGE.

DATE	AGE	VIOLATION (ACTUAL CHARGE)
POLICE AGENCY		DISPOSITION OF CHARGE

DATE	AGE	VIOLATION (ACTUAL CHARGE)
POLICE AGENCY		DISPOSITION OF CHARGE

DATE	AGE	VIOLATION (ACTUAL CHARGE)
POLICE AGENCY		DISPOSITION OF CHARGE

DATE	AGE	VIOLATION (ACTUAL CHARGE)
POLICE AGENCY		DISPOSITION OF CHARGE

DATE	AGE	VIOLATION (ACTUAL CHARGE)
POLICE AGENCY		DISPOSITION OF CHARGE

DATE	AGE	VIOLATION (ACTUAL CHARGE)
POLICE AGENCY		DISPOSITION OF CHARGE

DATE	AGE	VIOLATION (ACTUAL CHARGE)
POLICE AGENCY	DISPOSITION OF CHARGE	

DATE	AGE	VIOLATION (ACTUAL CHARGE)
POLICE AGENCY	DISPOSITION OF CHARGE	

DATE	AGE	VIOLATION (ACTUAL CHARGE)
POLICE AGENCY	DISPOSITION OF CHARGE	

DATE	AGE	VIOLATION (ACTUAL CHARGE)
POLICE AGENCY	DISPOSITION OF CHARGE	

DATE	AGE	VIOLATION (ACTUAL CHARGE)
POLICE AGENCY	DISPOSITION OF CHARGE	

DATE	AGE	VIOLATION (ACTUAL CHARGE)
POLICE AGENCY	DISPOSITION OF CHARGE	

DATE	AGE	VIOLATION (ACTUAL CHARGE)
POLICE AGENCY	DISPOSITION OF CHARGE	

DATE	AGE	VIOLATION (ACTUAL CHARGE)
POLICE AGENCY	DISPOSITION OF CHARGE	

HAVE YOU EVER HAD A RECORD EXPUNGED?

YES ☐

NO ☐

HAVE YOU EVER BEEN HELD AS A SUPECT OR INVESTIGATED BY ANY LAW ENFORCEMENT OR PRIVATE SECURITY AGENCY FOR ANY RESON?

YES ☐

NO ☐

IF YES, COMPLETE THE FOLLOWING:

DATE	AGE	VIOLATION (ACTUAL CHARGES)
POLICE AGENCY		DISPOSITION OF CHARGE

DATE	AGE	VIOLATION (ACTUAL CHARGES)
POLICE AGENCY		DISPOSITION OF CHARGE

TRAFFIC SECTION INSTRUCTIONS; LIST ALL INFORMATION RELATING TO ANY TRAFFIC ARRESTS, ISSUANCE OF SUMMONS OR TRAFFIC CITATIONS ("TICKETS"), INCLUDING PARKING TICKETS FOR ANY TRAFFIC VIOLATIONS/OFFENSES OR LOCAL ORDINANCES. LIST ANY NON-PAYMENT OF FINE VIOLATIONS.

DRIVERS LICENSE NUMBER	STATE	EXPIRATION DATE
AUTOMOBILE REGISTRATION/LICENSE PLATE NUMBER	INSURANCE COMPANY	INSURANCE POLICY NUMBER

IS YOUR DRIVER'S LICENSE CURRENTLY VALID?

YES ☐

NO ☐

IF NO, EXPLAIN:

ARE THERE RESTRICTIONS ON YOUR DRIVER'S LICENSE?

YES ☐

NO ☐

IF YES, EXPLAIN:

HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED

YES ☐

NO ☐

IF YES, EXPLAIN:

HAVE YOU EVER HELD A DRIVER'S LICENSE WITHIN ANOTHER STATE/COUNTRY?

YES ☐

NO ☐

IF YES, EXPLAIN AND INCLUDE STATE/COUNTRY, RESTRICTIONS, SUSPENSION, VIOLATIONS, ETC.

LIST ALL TRAFFIC VIOLATIONS:

DATE OF OFFENSE	VIOLATION	DISPOSITION	POLICE AGENCY INVOLVED

CREDIT

HAVE YOU EVER HAD A CHECKING AND/OR SAVINGS ACCOUNT?

YES:

NO:

IF YES, COMPLETE THE FOLLOWING:

CHECKING ACCOUNT INFORMATION		SAVINGS ACCOUNT INFORMATION	
Account Number	Institution	Account Number	Institution

HAVE YOU EVER HAD A CREDIT CARD, CHARGE OR LOAN ACCOUNTS?

YES:

NO:

IF YES, COMPLETE THIS SECTION:

Active/Inactive	Type of Loan/Credit Card	Account Number	Telephone Number
Company Name		Complete Address	
Original Amount	Present Balance	Monthly Payment	Have Payments Been Late?

Active/Inactive	Type of Loan/Credit Card	Account Number	Telephone Number
Company Name		Complete Address	
Original Amount	Present Balance	Monthly Payment	Have Payments Been Late?

Active/Inactive	Type of Loan/Credit Card	Account Number	Telephone Number
Company Name		Complete Address	
Original Amount	Present Balance	Monthly Payment	Have Payments Been Late?

Active/Inactive	Type of Loan/Credit Card	Account Number	Telephone Number
Company Name		Complete Address	
Original Amount	Present Balance	Monthly Payment	Have Payments Been Late?

Active/Inactive	Type of Loan/Credit Card	Account Number	Telephone Number
Company Name		Complete Address	
Original Amount	Present Balance	Monthly Payment	Have Payments Been Late?

Active/Inactive	Type of Loan/Credit Card	Account Number	Telephone Number
Company Name		Complete Address	
Original Amount	Present Balance	Monthly Payment	Have Payments Been Late?

Active/Inactive	Type of Loan/Credit Card	Account Number	Telephone Number
Company Name		Complete Address	
Original Amount	Present Balance	Monthly Payment	Have Payments Been Late?

Active/Inactive	Type of Loan/Credit Card	Account Number	Telephone Number
Company Name		Complete Address	
Original Amount	Present Balance	Monthly Payment	Have Payments Been Late?

Active/Inactive	Type of Loan/Credit Card	Account Number	Telephone Number
Company Name		Complete Address	
Original Amount	Present Balance	Monthly Payment	Have Payments Been Late?

Active/Inactive	Type of Loan/Credit Card	Account Number	Telephone Number
Company Name		Complete Address	
Original Amount	Present Balance	Monthly Payment	Have Payments Been Late?

Active/Inactive	Type of Loan/Credit Card	Account Number	Telephone Number
Company Name		Complete Address	
Original Amount	Present Balance	Monthly Payment	Have Payments Been Late?

ARE YOU LISTED AS A CO-SIGNER ON AN OUTSTANDING LOAN?

YES:

NO:

IF YES, PLEASE EXPLAIN:

HAVE YOU EVER HAD A LIEN OR JUDGMENT FILED AGAINST YOU?

YES:

NO:

IF YES, PLEASE EXPLAIN:

HAVE YOU EVER HAD SOMETHING REPOSSESSED?

YES:

NO:

IF YES, PLEASE EXPLAIN:

HAVE YOU EVER BEEN SUED OR INVOLVED IN CIVIL LITIGATION?

YES:

NO:

IF YES, PLEASE EXPLAIN:

HAVE YOU EVER DECLARED BANKRUPTCY?

YES:

NO:

IF YES, PLEASE EXPLAIN:

RESIDENCY

IN CHRONOLOGICAL ORDER (STARTING WITH YOUR CURRENT ADDRESS), LIST EACH AND EVERY PLACE WHERE YOU HAVE RESIDED SINCE BIRTH. INDICATE IF YOU RENTED, OWNED OR OTHER (EXPLANATION NECESSARY). IF RENTED, YOU MUST LIST THE NAME AND TELEPHONE NUMBER OF LANDLORD

From Month/Year	To Month/Year	Complete Address (Street, Apartment Number, City, State, Zip Code)
Own	Rent	
Name of Landlord		Telephone Number of Landlord

From Month/Year	To Month/Year	Complete Address (Street, Apartment Number, City, State, Zip Code)
Own	Rent	
Name of Landlord		Telephone Number of Landlord

From Month/Year	To Month/Year	Complete Address (Street, Apartment Number, City, State, Zip Code)
Own	Rent	
Name of Landlord		Telephone Number of Landlord

From Month/Year	To Month/Year	Complete Address (Street, Apartment Number, City, State, Zip Code)
Own	Rent	
Name of Landlord		Telephone Number of Landlord

From Month/Year	To Month/Year	Complete Address (Street, Apartment Number, City, State, Zip Code)	
Own	Rent		
Name of Landlord		Telephone Number of Landlord	

From Month/Year	To Month/Year	Complete Address (Street, Apartment Number, City, State, Zip Code)	
Own	Rent		
Name of Landlord		Telephone Number of Landlord	

From Month/Year	To Month/Year	Complete Address (Street, Apartment Number, City, State, Zip Code)	
Own	Rent		
Name of Landlord		Telephone Number of Landlord	

From Month/Year	To Month/Year	Complete Address (Street, Apartment Number, City, State, Zip Code)	
Own	Rent		
Name of Landlord		Telephone Number of Landlord	

MISCELLANEOUS

**HAVE YOU EVER POSSESSED ANY PISTOL, FIREARM PERMIT, FIREARMS ID CARD
DEALER'S LICENSE IN THIS OR ANY OTHER STATE?**

YES:

NO:

IF YES, PLEASE COMPLETE THE FOLLOWING:

Permit Number	Dealer's License Number	Issuing Agency

Permit Number	Dealer's License Number	Issuing Agency

HAVE YOU EVER TRIED, USED OR EXPERIMENTED WITH ANY ILLEGAL OR CONTROLLED SUBSTANCE?

YES:

NO:

IF YES, GIVE FULL DETAILS (INCLUDING APPROXIMATE YEAR, DRUG, AMOUNT, ETC.):

HAVE YOU EVER SOLD ANY ILLEGAL OR CONTROLLED SUBSTANCE?

YES:

NO:

IF YES, GIVE FULL DETAILS (INCLUDING APPROXIMATE YEAR, DRUG, AMOUNT, ETC.):

This image shows a full page of white paper with horizontal black ruling lines. The lines are evenly spaced and run across the width of the page, typical of notebook or legal stationery. There is no handwriting or other markings on the page.